

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 22 PM 3:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P07000086209

1. Corporation Name

JCN IMPORT & EXPORT, INC

2. Principal Office Address - No P.O. Box #

2930 NW 99 CT

Suite, Apt. #, etc.

City & State

DORAL, FL

Zip

33172

Country

MIAMI-DADE

3. Mailing Office Address

2930 NW 99 CT

Suite, Apt. #, etc.

City & State

DORAL, FL

Zip

33172

Country

MIAMI-DADE

800170162238
02/22/10--01061--002 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified

To Do Business in Florida **07/30/07**

5. FEI Number

26-0602575

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BUENDIA JOSE A

Street Address (P.O. Box Number is Not Acceptable)

2930 NW 99 CT

Suite, Apt. #, Etc.

City

DORAL

State

FL

Zip Code

33172

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617 0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **02/16/10**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Buendia Jose A	2930 NW 99 CT	Doral, FL 33172
VPD	Buendia Cesar A	2930 NW 99 CT	Doral, FL 33172
SD	Buendia Ofelia	2930 NW 99 CT	Doral, FL 33172
TD	Buendia Juan N	2930 NW 99 CT	Doral, FL 33172

10. E-mail Address: **Excellencergf@yahoo.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jose A Buendia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/10

Date

Daytime Phone #